

Shelby County Community Services Agency  
Low Income Home Energy Assistance Program (LIHEAP)

**REQUIRED DOCUMENTATION**

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- ☐ Social Security Cards for Each Household Member
- ☐ Birth Certification for Children 5 Years Old or Younger
- ☐ Valid Government Issued Identification
- ☐ Proof of All Household Income for the Last 2 Months for **All Members Over 18**
- ☐ Proof of Veteran Status
- ☐ Copy of Most Recent Utility Bill or Receipt from Fuel Source
- ☐ MHA Tenant/Owner Notification of HAP/Lease Change (D) or HUD 50059
- ☐ Permission to Apply Statement (*if Utilities are Not in the Applicant's Name*)

**REQUIRED DOCUMENTATION OF INCOME**

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**SOCIAL SECURITY, SSI, PENSION, DISABILITY AND VA BENEFITS**

- ☐ Current check or check stub
- ☐ Current award letter
- ☐ Current printout from Social Security Administration Office

**TANF/AFDC INCOME**

- ☐ Current disposition printout from Department of Human Services
- ☐ Current letter stating eligibility received by mail. The letter should include benefit amount.

**CHILD SUPPORT**

- ☐ Current print from Juvenile Court with the gross amount collected monthly
- ☐ Current out of state child support – legal court document with state seal

**UNEMPLOYMENT BENEFITS**

- ☐ Current printout from State of Tennessee (Claim Summary), including states outside of Tennessee

**EMPLOYMENT**

- ☐ Check stubs from employer – **In Date Numerical Order**
  - **Last 8** if paid weekly
  - **Last 4** if paid bi-weekly or semi monthly
  - **Last 2** if paid monthly
- ☐ Current letter verifying gross wages (Pay rate, Hours worked per week, Pay date)
  - Must be signed and dated
  - Must be on 8 ½ x 11 letterhead

**ZERO INCOME**

- ☐ Complete Statement of Support (available upon request)
- ☐ Complete Self-Declaration of Zero Income Form

**SELF EMPLOYED**

- ☐ Self-written statement stating your company name, address and phone number, social security number, expenses related to your business and net income for the last 3 months, with signature
- ☐ Current/Prior Year Tax Return

**SHELBY COUNTY SCHOOL EMPLOYEE**

- ☐ Statement stating gross amount, hire date, hours worked per week, pay date and either 9, 10 or 12 month employee or current check stub.

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**Mail completed application with all required documents to:**

Shelby County Community Services Agency  
3772 South Hickory Ridge Mall, Suite 516  
Memphis, TN 38115; (901) 222-4270

## Application for Low Income Home Energy Assistance Program (LIHEAP)

Type of assistance you are applying for:

☐ Energy Assistance    ☐ Crisis Assistance

*For Agency Use Only*

Date Application Received:

Date Application Completed:

Have you received assistance under LIHEAP program since **January 1, 2019** through **September 30, 2019** any TN LIHEAP Agency?

☐ Yes ☐ No    If yes, which agency provided assistance? \_\_\_\_\_

### Household Information

Primary Address	City or Town	State	Zip	County
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### Head of Household Information

First Name	Middle Initial	Last Name
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*Please complete individual information sheets for each household member, including head of household*

### Address and Contact Detail

Primary Telephone	Secondary Telephone	Email Address (optional)
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Mailing Address (if different from above)	City or Town	State	Zip	County
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### Family Detail

Family Type:    ☐ Single Individual    ☐ Female Single Parent    ☐ Male Single Parent    ☐ Adult(s) w/Child(ren)  
☐ Adult(s) w/out Child    ☐ Other \_\_\_\_\_

Home type:    ☐ Own    ☐ Rent    ☐ Section 8    ☐ Public Housing

Do you have a signed medical statement that states someone in your household requires life support equipment?    ☐ Yes    ☐ No

### ***Items you will need when you submit this application***

1. The application, completed in its entirety
2. A household member record for each household member, including head of household
3. An income detail sheet for each household member age 18 or older
4. Social Security Number verification for every individual in the household. Assistance will be denied due to an applicant's refusal to furnish all household members social security numbers and verification.
5. Income documentation (pay stubs, etc.)
6. Annual energy consumption documentation.

**Household Member Sheet**  
**Application for LIHEAP Assistance**

Head of Household Name: \_\_\_\_\_

**Household Member Information Sheet (please use additional sheets as needed)**

**Note: Assistance will be denied due to an applicant's refusal to furnish all household members' Social Security Numbers and verification**

**Number of members in household:** \_\_\_\_\_

First Name	Middle Initial	Last Name
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Gender	Date of Birth	Social Security Number
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Relationship to household: ☐ Head of Household ☐ Spouse ☐ Child ☐ Foster Child ☐ Grandchild ☐ Adult Child ☐ Parent  
☐ Grandparent ☐ Other Relation ☐ Not Related

Race (please select one): ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander ☐ Multi-Racial ☐ Other \_\_\_\_\_

Hispanic/Latino? ☐ Yes ☐ No

Citizenship: ☐ U.S. Born/Naturalized ☐ Eligible Legal Resident ☐ Non-Eligible Legal Resident  
☐ Undocumented Resident

Employment, if over 18 (please select one): ☐ Full Time ☐ Part Time ☐ Retired ☐ Seeking Work ☐ Unemployed ☐ Not Available  
☐ Other \_\_\_\_\_ ☐ Not Applicable

Do you have medical insurance? ☐ Yes ☐ No

Education, if over 18: ☐ 0-8<sup>th</sup> Grade ☐ 9-12<sup>th</sup> Grade ☐ High School Grad/GED ☐ Non-High School Grad/GED  
☐ 12+ Some Post Sec. ☐ 2 or 4 Yr. College Grad ☐ 4 Yr. College Grad

Disability: ☐ None ☐ Mental Illness ☐ Learning ☐ Cognitive ☐ Visual ☐ Speech ☐ Hearing ☐ Deaf ☐ Breathing  
☐ Orthopedic ☐ Other \_\_\_\_\_

Veteran or Active Military: ☐ Yes ☐ No

First Name	Middle Initial	Last Name
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Gender	Date of Birth	Social Security Number
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Relationship to household: ☐ Head of Household ☐ Spouse ☐ Child ☐ Foster Child ☐ Grandchild ☐ Adult Child ☐ Parent  
☐ Grandparent ☐ Other Relation ☐ Not Related

Race (please select one): ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native  
☐ Native Hawaiian/Other Pacific Islander ☐ Multi-Racial ☐ Other \_\_\_\_\_

Hispanic/Latino? ☐ Yes ☐ No

Citizenship: ☐ U.S. Born/Naturalized ☐ Eligible Legal Resident ☐ Non-Eligible Legal Resident  
☐ Undocumented Resident

Employment (if over 18): ☐ Full Time ☐ Part Time ☐ Retired ☐ Seeking Work ☐ Unemployed ☐ Not Available  
☐ Other \_\_\_\_\_ ☐ Not Applicable

Do you have medical insurance? ☐ Yes ☐ No

Education( if over 18): ☐ 0-8<sup>th</sup> Grade ☐ 9-12<sup>th</sup> Grade ☐ High School Grad/GED ☐ Non-High School Grad/GED  
☐ 12+ Some Post Sec. ☐ 2 or 4 Yr. College Grad ☐ 4 Yr. College Grad

Disability: ☐ None ☐ Mental Illness ☐ Learning ☐ Cognitive ☐ Visual ☐ Speech ☐ Hearing ☐ Deaf ☐ Breathing  
☐ Orthopedic ☐ Other \_\_\_\_\_

Veteran or Active Military: ☐ Yes ☐ No

**--Please attach income detail sheet(s) per household member 18 years or older--**

Head of Household Name: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

**Income Detail Sheet (please attach one sheet per household member, more than one if necessary)**

Note: All sources of income must be reported with the exception of employment income for household members under age 18

**Income:** Is this income current? ☐ Yes ☐ NoIncome Type: ☐ Alimony/Child Support ☐ Pension ☐ Salary/Wages ☐ Social Security ☐ SSDI ☐ SSI ☐ TANF/AFDC  
☐ Unemployment ☐ No incomeIncome Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Annually

Gross Amount per Income Period: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

**Employer Detail**

Employer Name	Address	City	State	Zip	Length of Empl.

**Income:** Is this income current? ☐ Yes ☐ NoIncome Type: ☐ Alimony/Child Support ☐ Pension ☐ Salary/Wages ☐ Social Security ☐ SSDI ☐ SSI ☐ TANF/AFDC  
☐ Unemployment ☐ No incomeIncome Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Annually

Gross Amount per Income Period: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

**Employer Detail**

Employer Name	Address	City	State	Zip	Length of Empl.

**Income:** Is this income current? ☐ Yes ☐ NoIncome Type: ☐ Alimony/Child Support ☐ Pension ☐ Salary/Wages ☐ Social Security ☐ SSDI ☐ SSI ☐ TANF/AFDC  
☐ Unemployment ☐ No incomeIncome Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Annually

Gross Amount per Income Period: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

**Employer Detail**

Employer Name	Address	City	State	Zip	Length of Empl.

**--Please attach more sheets as necessary to document income--**

Note: All sources of income must be reported with the exception of employment income for household members under age 18

Application for LIHEAP Assistance

Head of Household Name: \_\_\_\_\_

LIHEAP Application Detail

Source(s) of Energy: ☐Wood ☐Electric ☐Fuel Oil ☐Coal ☐Kerosene ☐Natural Gas ☐L.P. Gas

Home Energy Costs:

\*Public Housing/Section 8 Tenants Only\*

\$ \_\_\_\_\_

Amount of Utility "Overage" \$ \_\_\_\_\_

Utility or Energy company to receive payment:

Utility Company Name:

Utility Company Address:

Phone:

Account #:

Additional Utility or Energy company:

Utility Company Name:

Utility Company Address:

Phone:

Account #:

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of \_\_\_\_\_

(last 4 digits of SSN) \_\_\_\_\_ relationship \_\_\_\_\_ is for the use of my household and I am responsible for its payments.

Is this account in your landlord's name? ☐Yes ☐No

Has your home ever been served under our Weatherization Assistance Program? ☐Yes ☐No

Are you interested in that program? ☐Yes ☐No

If applying for crisis assistance, please tell us why in the space below:

Has your electric or gas been disconnected? ☐ Yes ☐ No

Have you received a cut off notice? ☐ Yes ☐ No

*If you have received a cut off notice, please attach a copy to this application*

Applicant Certification

I certify that all of the information provided by me is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of LIHEAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for LIHEAP and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the program(LIHEAP). I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency. I do \_\_\_\_\_ or do not \_\_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.*

To be completed by agency staff only

Eligible benefit level \$ \_\_\_\_\_ Total annual gross income for all household members over age 18 \$ \_\_\_\_\_

Voucher #: \_\_\_\_\_ Date/Time taken: \_\_\_\_\_

Date/Time vendor notified: \_\_\_\_\_

Application Status: ☐Approved ☐Denied

% of poverty: \_\_\_\_\_

Total points: \_\_\_\_\_

Signature of agency reviewer official: \_\_\_\_\_

Date Certified: \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBER SHEET

[illegible]

# SHELBY COUNTY COMMUNITY SERVICES AGENCY

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

### TITLE VI ACKNOWLEDGEMENT

Assures "Nondiscrimination in Federally Assisted Programs"

**"NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE"**

Prohibited practices include but are not limited to:

- Denying a person any services, financial aid, or other benefits because of race, color, or national origin.
- Providing different services or benefits, or providing these in a different manner from those provided to others in the program.
- Requiring different standards or conditions as prerequisites for serving individuals.
- Locating facilities in any way that would limit or impede access to federally funded services or benefits.
- Failing to make allowances for language or educational difficulties.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin, may file a complaint with the agency in question or with the Shelby County Title VI Coordinator.

### RELEASE OF INFORMATION

This is to confirm that I do hereby give permission to Shelby County Community Services Agency to share and/or secure any information necessary to certify me for the **Low Income Home Energy Assistance Program**. I understand that this information will only be shared, secured, or verified professionally while protecting my rights to confidentiality. I also do hereby grant Shelby County Community Services Agency permission to secure additional resources on my behalf, if necessary and appropriate. I do request, however, that \_\_\_\_\_ not be contacted.

### GRIEVANCE PROCEDURE

Clients applying for assistance through all programs offered by the Shelby County Community Services Agency have the right to appeal any decision made on their behalf, except when funds have been depleted.

Clients have the right to appeal and request a fair hearing. Client must contact Shelby County Community Services Agency for the proper complaint form. After a decision has been made, a complaint form must be filled out in triplicates and completed within (30) days. The Client, the Agency, and the State will retain a copy of the complaint form.

X \_\_\_\_\_  
Client Signature

X \_\_\_\_\_  
Date



**SHELBY COUNTY**  
**COMMUNITY SERVICES AGENCY**

**PERMISSION TO APPLY STATEMENT**

Please complete this form if the Applicant's Utility Services are in someone else's name.

**If the person whose name is on the utility bill is currently living, please have them complete the following portion in its entirety.**

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I, \_\_\_\_\_, do hereby give \_\_\_\_\_  
(Name of person on Utility Bill) (Applicant's Name)

Permission to apply for Utility Assistance at the following address:

\_\_\_\_\_  
(Street Name) (City/State) (Zip Code)

I, \_\_\_\_\_, do not reside in the same household as \_\_\_\_\_  
(Name of person on Utility Bill) (Applicant's Name)

My current address is:

\_\_\_\_\_  
(Street name) (City/State) (Zip code)

\_\_\_\_\_  
(Signature) (Date) (Contact Number)

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**If the person whose name is on the Utility bill is deceased : The Applicant must complete the following portion, attach proof of residency and proof of death.**

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I, \_\_\_\_\_, do hereby declare that \_\_\_\_\_  
(Applicant's Name) (Name of Person on Utility Bill)

Is deceased and I am financially responsible for the Utility Services at the following address:

\_\_\_\_\_  
(Street Name) (City/State) (Zip Code)

\_\_\_\_\_  
(Signature) (Date)



Shelby County  
Community Services Agency

Self-Declaration of Zero Income

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, certify that the following household members 18 years or older have zero income:

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:**

**\*All household members claiming zero income, even when someone in the home has income, need to be listed on this form.**

**I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_